

## Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

## Office of Campaign and Political Finance

Massachusetts		NAME OF TAXABLE PARTY.		7		
Office of Campaign and Po One Ashburton Place	litical Finance			*	SE AL SE	
Boston, MA 02108	8 8				40 PE PE	
517) 727-8352.		2	() 1 x 2 2	006		
Date of Report:		(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)				
				•		
Expenditure(s) Made By:		Massachusetts Nurses Association (Name of individual or group making expenditure)				
20		(Name	of individual of group making ext	chonacy		
		340 Tu	rnpike St.,	Canton	02021 Zip	<u> 1</u> 20
	ê.	Street	Address	City/Town	Ζэр	
	lidete(a) For I	Whom the Abo	ve Expenditure(s) Election or	Defeat Promoted:		
3. Name of Cano	ndate(s) For		1 a - 1 # 11 0	1 States	Emato	
ta.		KO	ant Duc	cry / coo an	37000	
		1	n e			
4. Expenditure(s	a):					
T. Zapen	·					·
	te Paid To Whom Paid		Address	Purpose	Amount	1
Date Paid	10 441		1210 110 in Cot	mant ad	1127.68	
10/27/06	Cape Coll	Times	39.MIN 31	DV ITO ACA		
	V		Hyannis Olled	101 - 1100	591.48	1
10/27/06	Saltus	Press	24 Jolma St	MALINA	171110	1
10/2 /04		15	Worce Ster 9204			1
	· ·					
** **	<u> </u>			# BOOKS 22-1		
I hereby certify t	he expenditur	es noted are in	dependent expenditures, as de	efined by M.G.L. c.55, section	n 18A:	
I hereby certainy o		e .	V(-) described here	in did not solicit or receive a	ny contributions in	
(1) the individua	al(s) or group	who made the	expenditure(s) described here	ein did not solicit or receive a		_
contemplation	on of such exp	who made the	expenditure(s) described here	ein did not cooperate, consult e organized on behalf of any	or act in concert with	1
(2) the individual	nest or sugge	stion of any car	ndidate, or political committe	e organized on behalf of any diture(s).	candidate, or any	
agent of a c	andidate or ar	y political com	mittee in making such expen	diture(s).		
						Ž.
I further certify	that all staten	nents made ner	ein are true and accurate.	ž	9 x <sup>2</sup> g	
Signed under t	he nenalties (	of perjury:	휘			
Signed under t	Λ		, / Ka	atrina Anderson		A C C -
b. h.	N. Alas	im 19	28/06 D	irector, Legislation	and Government	AIIA -
lanna 9	MUNIT	4/1	Date Print 1	Name of Individual Signer an	d Title (if signing on	
Signature			- behalf	of a group)		
			-wa: 1175d 3 K	ó!A9MAO;		50

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